

***IN THE UNITED STATES PATENT AND TRADEMARK OFFICE***

Applicants: Yu et al.  
Title: TUMOR NECROSIS FACTOR-GAMMA  
Appl. No.: 09/899,059  
Filing Date: 07/06/2001  
Examiner: Romeo, David S.  
Art Unit: 1647  
Confirmation No.: 5121

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT AND REPLY TRANSMITTAL**

Transmitted herewith is an Amendment and Reply in the above-referenced patent application.

Enclosed please find:

[ **X** ] Amendment and Reply under 37 C.F.R. § 1.116 (9 pages).

☒ The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	14	-	49	=	0	x	\$52.00	=	\$0.00
Independent Claims:	3	-	6	=	0	x	\$220.00	=	\$0.00
First presentation of any Multiple Dependent Claims:		+					\$390.00	=	\$0.00
CLAIMS FEE TOTAL									= \$0.00

☒ The Applicants hereby petition for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$130.00	\$0.00
<input checked="" type="checkbox"/> Extension for response filed within the second month:	\$490.00	\$490.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,110.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,730.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,350.00	\$0.00
EXTENSION FEE TOTAL:		\$490.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. § 1.20(d):	\$140.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$490.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
Extension Fees Previously Paid:		\$0.00
TOTAL FEE:		\$490.00

The above-identified fees of **\$490.00** are being paid by credit card via EFS-Web.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment instructions in EFS-Web being incorrect or absent, resulting in a rejected or incorrect credit card transaction, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: April 27, 2009

By: /Stephanie H. Vavra/ Reg. No. 45,178

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